

REIMBURSEMENT CLAIM FOR P/T FACULTY DENTAL

4.2 (e) **Dental Coverage.** Unit members who qualify for health care coverage in 4.2 above shall qualify for a reimbursement of up to \$600 per fiscal year for a single subscriber, or \$1,200 per fiscal year for a subscriber plus one, based on submission to the District of an itemized invoice from a dentist outlining the services provided, submitted within 30 calendar days of the end of the fiscal year. The District shall reimburse the unit member within 30 days of receipt of a verified itemized invoice. The maximum total dental reimbursement shall not exceed the prior year expenditures by more than \$15,000 per fiscal year (\$5,000 funded from District General Fund and \$10,000 funded from Insurance Premium Contribution Fund, which shall be placed into a separate account to reimburse dental claims. General funds to utilized first). Board approved 05/25/2018, effective 05/26/2018

DATE: _____

NAME: _____ M00 _____
(printed)

PHONE NUMBER: _____

UNITS TAUGHT: FALL SEMESTER _____ SPRING SEMESTER _____
(minimum of 6 units)

DATE OF DENTAL VISIT: _____

PATIENT: _____

CLAIM AMOUNT: \$ _____ \$ _____ \$ _____ \$ _____

TOTAL THIS REIMBURSEMENT: \$ _____

(employee signature)

FISCAL SERVICE USE ONLY

CHARGE ACCOUNT NUMBER: 61100-37201-54500-000000

APPROVAL: _____